PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

107/1957

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN	
			(Column 1)		(Column 2)		1	TYPE		OR	OR SMALL ENT		
TOTAL CLAIMS			20		, .			RATE	FEE]	RATE	FEE	
FC	OR	-	NUMBER FILED		NUMBER EXTRA			BASIC FEE	395.00	OR	BASIC FEE	790.00	
TC	TAL CHARGE	ABLE CLAIMS	20 mii	nus 20=	* .	18		X\$ 9=	·	OR	X\$18=	. ,	
IN	DEPENDENT C	LAIMS	2 minus 3 = *					X44=		OR	X88=		
ML	ILTIPLE DEPE	RESENT	ESENT .				+150=		OR	+300=	,		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	790	
CLAIMS AS AMENDED - PART II								OTHER THAN					
(Column 1)			(Column 2)			(Column 3)	, ,	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u> *	Minus	***		=		X44=		OR	X88=		
L	FIRST PRESE	ENTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+150=		OR	+300=		
		•				•	L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	•		ADDIT. FEE		
		CLAIMS	Ĭ	HIGHE		(Column 3)	1 _	· I	ADDI-	1 5		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	. ,	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X44=		OR	X88=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		'	+150=		OR	+300=		
(Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE	:	OR ,	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Y	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus.	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	┟┢	X44=		ŀ	X88=		
٩	FIRST PRESE	ILTIPLE DEP	PENDENT CLAIM			-	7,142		OR	7,00=	·		
	# If the entry in column 1 is less than the color in reliable 20 with 100 in reliable 2									OR	+300=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2" "													
	the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is	less than	20, enter "20."	·AD			OR A			